



## South Carolina Certificate of Need Application Checklist

The purpose of this document is to assist applicants with providing a complete Certificate of Need application in accordance with R.61-15 "Certification of Need of Health Facilities and Services." Use of this checklist is recommended, but not required.

### 1.0 Filing Fee, Public Notification, Application Format and Proposal Page Checklist (R.61-15 Section 201)

An application will not be accepted without the filing fee and compliant public notification.

#### 1.1 Filing Fee

☐ \$500 non-refundable filing fee included

#### 1.2 Public Notification:

Public notification documented for 3 consecutive days via either: ☐ notarized affidavit from daily newspaper; or ☐ original newspaper advertisement for each day that shows the date of publication

##### 1.2.2 Notification indicates:

- ☐ Name of newspaper
- ☐ Purpose is to apply for a CON
- ☐ Description of scope and nature of project
- ☐ Physical address of project, to include street address if assigned
- ☐ Name of facility
- ☐ Estimated project capital cost
- ☐ Application submitted within 20 days of Day One (1) of public notification

#### 1.3 Application Format (R.61-15 Section 202)

- 1. ☐ Two (2) complete copies
- 1.3.2 ☐ Printed on one-side only
- 1.3.3 ☐ 8.5 x 11 inch paper
- 1.3.4 ☐ Three-hole punched on left side
- 1.3.5 ☐ Tabbed exhibits/attachments (recommended)
- 1.3.6 ☐ Copy submitted via electronic media (recommended)

#### 1.4 Proposal Page (R.61-15 Appendix)

- 1.4.1 ☐ Completed by Applicant
- 1.4.2 ☐ Signed and dated by Applicant
- 1.4.3 ☐ Indicate clearly in writing if the applicant is authorizing a consultant or other party to communicate on their behalf

### 2.0 Part A. Questionnaire- Indicate if the following are complete:

Item	Yes	No	N/A
Item 1: Name of Facility			
Item 2: Facility Address, to include County			
Item 3: Type of Facility			
Item 4: Purpose of Review			
Item 5: Management			
Item 6: Licensee			
Item 7: Ownership or Control of the Facility			
Item 8: Proposed Site			
Item 9: Bed Capacity Information			
Item 10: Construction and Site			
Item 11: Zoning of Construction Site			
Item 12: Costs			

**3.0 Part B. Additional Information- Indicate if the following are complete:**

Item	Yes	No	N/A
<b>B-1:</b> Public notification (See 1.2)			
<b>B-2:</b> Project description			
<b>B-3:</b> Total Project Cost summary			
<b>B-3:</b> Construction cost estimate (Attach)			
<b>B-3:</b> Valid/current equipment estimates/draft purchase orders (Attach)			
<b>B-4:</b> Project location			
<b>B-5:</b> Construction/renovation details			
<b>B-6:</b> Description of plans for disposition of existing facility or area			
<b>B-7:</b> Timetable in one-month increments			
<b>B-8:</b> Ownership information			
<b>B-9:</b> Cooperative agreement(s) (Attach)			
<b>B-10:</b> Describe means of access; identity of referral sources; admission limitations			
<b>B-11:</b> Detailed Need Analysis, to include: target population, unmet need, utilization, duplication, assumptions, data sources, methodologies			
<b>B-12:</b> Alternatives considered, advantages/disadvantages, alternative adopted			
<b>B-13:</b> Problems obtaining care in absence of the project			
<b>B-14:</b> Occupancy rates			
<b>B-15:</b> Financing documentation			
<b>B-16:</b> Budget documentation with assumptions (Attach)			
<b>B-17:</b> List of proposed charges			
<b>B-18:</b> Feasibility documentation			
<b>B-19:</b> Cost containment documentation			
<b>B-19:</b> Quality of care documentation			
<b>B-20:</b> Long term beds – consideration of financing			
<b>B-21:</b> Three-year projected manpower budget in FTEs			
<b>B-22:</b> Medical staff by specialty			
<b>B-23:</b> Physician support letters (Attach)			
<b>B-24:</b> Health manpower resources			
<b>B-25:</b> Experience of the applicant			
<b>B-26:</b> Clinical training programs			
<b>B-27:</b> Quality policies and procedures			
<b>B-28:</b> Documentation of deficiencies			
<b>B-28:</b> Other additional information			

**4.0 Part C. Programmatic Documents- Indicate if the following are complete:**

Item	Yes	No	N/A
<b>C-1:</b> Indigent Care Plan			
<b>C-2:</b> Map of project site			
<b>C-3:</b> Plot plan			
<b>C-4:</b> Legal description of project site			
<b>C-5:</b> Square foot program and floor plan			
<b>C-6:</b> Zoning documentation			
<b>C-7:</b> Utility documentation			
<b>C-8:</b> Community endorsement documentation			
<b>C-9:</b> Project approval documentation			
<b>C-10:</b> Documentation for facilities/services not licensed by DHEC			

**5.0 Part D. Assurances- Indicate if the following are complete:**

Item	Yes	No	N/A
Attestation of written assurances			

**6.0 South Carolina Health Plan- Indicate if the following are complete:**

Item	Yes	No	N/A
Applicable standards addressed			
Project Review Criteria addressed			

**7.0 Customer Satisfaction Survey**

We hope that use of this checklist has been beneficial. If you would like to rate your experience or make suggestions, please feel free to complete the customer satisfaction survey on our website at [www.scdhec.gov/health/cofn](http://www.scdhec.gov/health/cofn). Thank you.